

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# N03816

Entity Name: WEKIVA LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

557 WEKIVA LANDING DR
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

557 WEKIVA LANDING DR
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-2692658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESIGHAN, FRANK C
557 WEKIVA LANDING DR
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WESIGHAN, LYNN
Address: 557 WEKIVA LANDING DR
City-St-Zip: APOPKA, FL

Title: VD () Delete
Name: AYA, EDGAR
Address: 528 WEKIVA LANDING DR
City-St-Zip: APOPKA, FL

Title: ST () Delete
Name: NELSON, DEBBIE
Address: 1157 OAKPOINT CIRCLE
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: LUNDBERG, KATHY
Address: 563 WEKIVA LANDING DR
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: LUNDBERG, WAYNE
Address: 563 WEKIVA LNDG DR
City-St-Zip: APOPKA, FL

Title: D () Delete
Name: WESIGHAN, FRANK
Address: 557 WEKIVA LANDING DR
City-St-Zip: APOPKA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK C WESIGHAN

D

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date